

Pedal
Taxicab License Application

LICHTDC.2012.00729

Pursuant to Madison General Ordinance 11.06

Fee: \$2,200/two years (\$1,200/initial year) + \$60/vehicle

Renewal Fee: \$2,200/two years + \$60/vehicle

1. Applicant Name Larry Godding Home Phone # 608-255-4168
Home Address 1325 E. Dayton St.

2. Company Name il Corvo Pedicab Service
Business Address (same as above)
Business Telephone Number 608-886-4424

3. Indicate method of operation and type of fare collection:

Flate Rate _____ Number of Vehicles _____
Zone _____ Number of Vehicles _____
Meter _____ Number of Vehicles _____
Airport Shuttle _____ Number of Vehicles _____

*Pedal Cab
- gratuity*

Total number of vehicles proposed to be operated 1

4. Describe detailed color scheme to be used: main body, roof, trim, lettering, etc.

Main body: Black Lettering: White

5. List your schedule of rates to be charged and the method of charging, **in detail**:

Gratuity.

6. Name of Insurance Company David Ins. Co. / NSI (a division of West Bend)
Business Address 1300 S. Green Bay Rd., Racine WI 53406
Business Telephone Number 262-898-6606

7. Name of Insurance Agent Tina Tripoli
Business Address 1300 S. Green Bay Rd., Racine, WI 53406
Business Telephone Number 262-898-6606

Taxicab Filing Affidavit

State of Wisconsin)
County of Dane)

Larry Godding, being first duly sworn on oath, deposes and says:

1. That the affiant owns , operates , or manages a ^{Pedal}taxicab business in the City of Madison, doing business as il Corvo Pedicab Service

2. That as of the date of this Affidavit, (Company Name) _____, (Address) _____, Madison, Wisconsin, doing business as _____, was the owner of the vehicles listed on Schedule A shown on the reverse side of this Affidavit and incorporated herein.

3. That the schedule of fares to be charged in the operation of each of the vehicles listed on Schedule A as taxicab is: (check boxes to indicate which taxicab rates are applicable)
- The Meter Taxicab Rates authorized pursuant to Section 11.06(9)(a) of the Madison General Ordinances.
 - The Zone Taxicab Rates authorized pursuant to Section 11.06(9)(b) of the Madison General Ordinances.
 - The Airport Shuttle Rates authorized pursuant to Section 11.06(9)(c) of the Madison General Ordinances.
 - The Flat Rate authorized pursuant to Section 11.06(9)(d) of the Madison General Ordinances.

gratuity

4. a) That attached to this Affidavit for deposit with the City Clerk is a Policy or Certificate of Liability Insurance specifying insurance coverage of the types and amounts required by Section 11.06(8) of the Madison General Ordinances, and specifically indicating that said insurance coverage is applicable to the vehicle identified on the said Schedule A; and
- b) That also attached to said Policy or Certificate of Liability Insurance is a Certificate of Compliance from the State of Wisconsin Insurance Commissioner showing the insurance company is licensed and authorized to transact automobile insurance business in the State of Wisconsin; and
- c) That said insurance policy contains a provision that the same may not be cancelled before the expiration of its term except upon thirty days' written notice to the City of Madison.

5. That this Filing Affidavit is made to comply with the provisions of Section 11.06 of the Madison General Ordinances described herein.

Service provided mainly on the isthmus of Madison.

Subscribed and sworn before me
this _____ day of _____, 20_____.

Signature of person signing Affidavit under oath

Notary Public
My Commission Expires _____.

City of Madison -- Taxicab Rate Schedule

METER RATES

In Town

"DROP" Distance _____ MI "DROP" Charge \$ _____
Additional Distance _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

Out of Town

"DROP" Distance _____ MI "DROP" Charge \$ _____
Additional Distance _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

VAN RATES (LARGE PARTY—6 OR MORE PASSENGERS)

In Town

"DROP" Distance _____ MI "DROP" Charge \$ _____
Additional Distance _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

Out of Town

"DROP" Distance _____ MI "DROP" Charge \$ _____
Additional Distance _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

ZONE RATES

First Zone Charge \$ _____
Additional Zone(s) Charge \$ _____
Additional Passenger Charge \$ _____ (for passengers making the same trip as the first passenger)
Outer Zone Distance _____ MI Outer Zone Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

FLAT RATES

"DROP" Distance _____ MI
Single Passenger "DROP" Charge \$ _____ Additional Passenger "DROP" Charge \$ _____
Additional Distance _____ MI
Single Passenger "DROP" Charge \$ _____ Additional Passenger "DROP" Charge \$ _____

LIMOUSINE RATES

Zone 1 Charge \$ _____ per passenger Zone 6 Charge \$ _____ per passenger
Zone 2 Charge \$ _____ per passenger Zone 7 Charge \$ _____ per passenger
Zone 3 Charge \$ _____ per passenger Zone 8 Charge \$ _____ per passenger
Zone 4 Charge \$ _____ per passenger Zone 9 Charge \$ _____ per passenger
Zone 5 Charge \$ _____ per passenger



CERTIFICATE OF LIABILITY INSURANCE

LARRYG1

OP ID: TT

DATE (MM/DD/YYYY)

08/17/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER David Insurance Agency 1300 S. Green Bay Road Racine, WI 53406 David Insurance Agency Inc.	262-636-1860	CONTACT NAME:	
	262-636-1866	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : West Bend Mutual Ins. Co.	15350
INSURED Larry Godding 1325 E. Dayton St. Madison, WI 53703		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSR	WVD					
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	X		NSW1794112	08/17/12	08/17/13	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ Excluded
	PD Ded \$250						PERSONAL & ADV INJURY	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 1,000,000
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ 1,000,000
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
<input type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person)	\$
<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/>	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
UMBRELLA LIAB							EACH OCCURRENCE	\$
<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$
<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATUTORY LIMITS	OTHER
<input type="checkbox"/>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 City of Madison is named as Additional Insured. Coverage is Primary and Non-Contributory.

CERTIFICATE HOLDER

CANCELLATION

CITYMAD City of Madison 210 Martin Luther King Blvd Madison, WI 53703	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE David Insurance Agency Inc.